

VOLUNTARY FILM TAX CREDIT AUDIT APPLICATION FORM

GEORGIA DEPARTMENT OF REVENUE

Date: _____

Applicant Name: _____ FEI # _____ - _____

Address _____

City, State, Zip _____

Contact Name and Phone Number: _____

NAME OF PRODUCTION: _____

TYPE OF PRODUCTION: _____

Date of Production work in Georgia: _____ From _____ To _____

Amount of Qualified Production Costs _____

Copy of Certification Letter Attached _____ Yes _____ No

Records maintained at: _____ address

_____ city, state, zip

Audit Contact Person: _____ **Telephone Number** _____

Records format:

Hardcopies _____

Electronic _____

Both _____

Other (explain) _____

Deposit Fee:	Production Costs:	\$ 500,000 to \$ 1,000,000	\$ 5,000 Deposit
		\$1,000,000 to \$ 5,000,000	\$10,000 Deposit
		\$5,000,000 to \$10,000,000	\$15,000 Deposit
		In Excess of \$10,000,000	\$20,000 Deposit

Deposit Fee Amount Enclosed _____

Application and deposit fees are to be sent to the address listed below:

Georgia Department of Revenue
1800 Century Blvd NE
Suite 18100
Atlanta, GA 30345
Attn: Compliance Division – Film Credit Application Review